



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIB DATA SHEET

CONFIRMATION NO. 5492

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/649,283	08/26/2003	700	1797	4L01.1-066		
RULE						
APPLICANTS Christopher T. Maus, Sagle, ID; Craig A. Coad, Cataldo, ID; Jackson B. Connolly, Post Falls, ID; Noah M. Coad, Cataldo, ID; James L. Moody, Wilsonville, OR; Kenn A. Nesbitt, Spokane, WA; Kenneth D. Clegg, Mead, WA;						
** CONTINUING DATA ***** This application is a DIV of 09/436,323 11/08/1999 PAT 6,602,469 which claims benefit of 60/107,707 11/09/1998 and claims benefit of 60/144,705 07/20/1999						
** FOREIGN APPLICATIONS *****						
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 11/17/2003						
Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Initials	ID	30	5	2
Verified and Acknowledged	/SAM P SIEFKE/ Examiner's Signature					
ADDRESS MEHRMAN LAW OFFICE, P.C. ONE PREMIER PLAZA 5605 GLENRIDGE DRIVE, STE. 795 ATLANTA, GA 30342 UNITED STATES						
TITLE Personal Health Card Accessed Secure Medical Data Storage System						
FILING FEE RECEIVED 425	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
				<input type="checkbox"/> 1.16 Fees (Filing)		
				<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		
				<input type="checkbox"/> 1.18 Fees (Issue)		
				<input type="checkbox"/> Other _____		
				<input type="checkbox"/> Credit		